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TO:	FAX NUMBER:
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FROM:	PHONE NUMBER:
Grant E. Reed	(908) 298-5067
TOTAL NO. OF PAGES INCLUDING COVER	DATE
6	February 14, 2006

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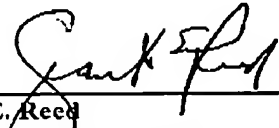
PLEASE HAND DELIVER

In re Application of: Behan *et al.*  
For Patent For: Histamine Receptor  
Group Art Unit: 1649  
Attorney Docket No.: CN01069BQ US US/ Serial No.: 10/616,088  
Filed: 07/08/2003

Dear Examiner:

Transmitted here with are:

- Fax Cover Sheet – 1 Page
- Certificate of Transmission PTO/SB/97 – 1 Page
- Response Transmittal PTO/SB/21—1 Page
- Information Disclosure Statement PTO/SB/08a – 1 Page
- IDS – 2 Pages (2) References Cited (not included with fax)

  
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Docket Number: CN01069BQ US  
Application No: 10/616,088  
Filing Date: 07/08/2003  
First Inventor: BEHAN, Jlang X.

PTO/SB/97 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

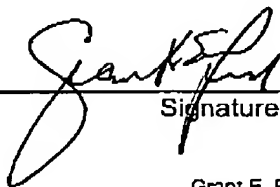
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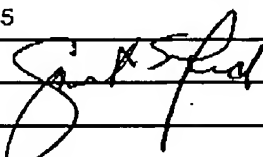
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/616,088	
	Filing Date	07/08/2003	
	First Named Inventor	BEHAN, Jiang X.	
	Art Unit	1649	
	Examiner Name	John D Ulm	
Total Number of Pages in This Submission	6	Attorney Docket Number	CN01069BQ US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  See Below:
Remarks: **Fax Cover Sheet - 1 Page **Certificate of Transmission PTO/SB/97 - 1 Page **(2) References Cited (not included in fax)		
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PTC/SB/08a (08-03)

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**Complete if Known**

Application Number	10/616,088
Filing Date	07/08/2003
First Named Inventor	BEHAN, Jiang X.
Art Unit	1649
Examiner Name	John D Ulm
Attorney Docket Number	CN010698Q US

(Use as many sheets as necessary)

Sheet	1	of	1
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[illegible][illegible]

Examiner Signature	Date Considered
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kind Code of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. 6 Applicant is to place a check mark here if English language translation is attached.

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Applicant(s): BEHAN, Jiang X.	:	Group Art Unit: 1649
Application No.: 10/616,088	:	Examiner: John D. Ulm
Filed: 07/08/2003	:	
For: HISTAMINE RECEPTOR	:	Atty. Docket No.: CN01069BQ US

X

**INFORMATION DISCLOSURE STATEMENT TRANSMITTAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Mail Stop: AMENDMENT  
Sir:

(a) Pursuant to the duty of disclosure under 37 C.F.R. § 1.56, it is requested that the documents listed on the accompanying Forms PTO/SB/08a & 08b be considered and made of record in the above-identified patent application. Other than cited U.S. patents and published patent applications, copy(ies) of these documents ☐ are enclosed ☐ were filed in related U.S. Application No(s) \_\_\_\_\_ filed \_\_\_\_\_ respectively. Since the Examiner is believed to have ready access to the cited U.S. patents and published patent applications, copies of these documents are not herewith transmitted, but will be provided upon request.

(b) No fee is believed to be due because:

- ☐ This Information Disclosure Statement is being submitted concurrently with the filing of the above-identified application; or
- ☐ This Information Disclosure Statement is being submitted within three (3) months of the filing date of the above-identified application; or
- ☐ This Information Disclosure Statement is being submitted concurrently with a Request for Continued Examination (RCE); or
- ☒ This Information Disclosure Statement is being submitted prior to the mailing of a first Office Action on the merits.

(c) ☐ This Information Disclosure Statement is being submitted before the mailing date of any final action, notice of allowance, or an action that otherwise closes prosecution; and:

- ☐ Each item of information contained in this Information Disclosure Statement was first cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Information Disclosure Statement;  
or

Application No.  
Page 2 of 2

10/616,088

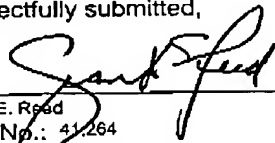
- ☐ No item of information contained in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the undersigned after making reasonable inquiry, no item of information contained in this Information Disclosure Statement was known to any individual designated in § 1.56(c), more than three months prior to the filing of this Information Disclosure Statement; or
- ☐ The Commissioner is hereby authorized to charge the requisite fee listed on the attached Fee Transmittal Sheet.
- (d) ☐ This Information Disclosure Statement is being submitted on or before the payment of the issue fee; and:
- ☐ Each item of information contained in this Information Disclosure Statement was first cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Information Disclosure Statement; or
- ☐ No item of information contained in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the undersigned after making reasonable inquiry, no item of information contained in this Information Disclosure Statement was known to any individual designated in § 1.56(c), more than three months prior to the filing of this Information Disclosure Statement; and
- ☐ The Commissioner is hereby authorized to charge the requisite fee listed on the attached Fee Transmittal Sheet.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this Information Disclosure Statement, or credit any overpayment to Deposit Account No. 19-0365.

The submission of these documents is not to be presumed as an admission that these documents are prior art. The documents are being furnished solely for their possible utility in the examination of the present case.

Respectfully submitted,

By:

  
Grant E. Reed  
Reg. No.: 41,264  
Attorney of Record  
Telephone No.: 908-298-5067

Dated: 02/14/2008  
Schering-Plough Corporation  
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